Approved, SCAO JIS CODE: PAC

STATE OF MICHIGAN PROBATE COURT COUNTY OF

PETITION FOR ADJUDICATION OF TESTACY AND COMPLETE ESTATE SETTLEMENT

FILE	NO.
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		COMPLETE ESTATE	SETTLEMENT				
Est	tate of						
1.	. I am the personal representative appointed on			_ by	\square the court.	\square the register.	
	2. Testacy has not been formally adjudicated.						
3.	The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petitio except as follows: (for each person whose address changed, list the name and new address; attach separate sheet if necessary)						
4.	The time for presenting claims wh	ich arose prior to the deced	ent's death has expired				
т. 5.							
J.	A schedule for payment of prop			petitio	n.		
6.	☐ The decedent did not leave a will.						
7.	☐ The decedent's will, datedis offered for probate and is	attached to this petition.	, with codicil(s) dated $_$ already in the	court'	s possession.		
	☐ Neither the original will nor an a will is lost, destroyed, or otherw					the petition. The	
8.	☐ The decedent's will was information	ally probated on	in			County.	
9.	To the best of my knowledge, I believe that the instrument(s) subject to this petition, if any, was validly executed and is the decedent's last will. After exercising reasonable diligence, I am unaware of an instrument revoking the will or codicil(s).						
10.	. After exercising reasonable diliquing in this state as defined under M		ınrevoked testamentary	/ instr	ument relating to	property located	
11.	. ☐ A final account ☐ has been served on all intere ☐ is filed and served with this p						
		(PLEASE SEE O	THER SIDE)				

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12. ☐ All estate assets have been distributed as set forth in the☐ A schedule for the distribution of all remaining assets on	
13. No Michigan estate or inheritance tax is due.Any Michigan estate tax or inheritance tax has been pa attached).	aid in full (evidence of full payment from Michigan Department of Treasury is
I REQUEST:	
14. \square An order determining heirs and that the decedent died	☐ testate. ☐ intestate.
15. \Box The final account be approved and that any fiduciary fee	es and/or attorneys fees set forth in the final account be approved.
☐ The distributions previously made and/or all distributions be approved.	s as set forth in the schedule of distributions and payment of claims
\Box The personal representative be discharged.	
I declare under the penalties of perjury that this petition has be information, knowledge, and belief.	en examined by me and that its contents are true to the best of my
	Date
Attorney signature	Petitioner signature
Attorney name (type or print) Bar no.	Petitioner name (type or print)
Address	Address
City, state, zip Telephone no.	City, state, zip Telephone no.